

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILED

OCT - 1 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 10-1-09.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$5,539,616.00	+2.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: n/a

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

to adopt the captioned Loss Cost Revision as contained in NCCI Circular Number IL-2009-03. All other rules and rating plans filed by Arch will remain unchanged.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Arch Insurance Company

Name of Company

Tara Martin-Administrative Assistant

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 7/1/09.

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>-8,608</u>	<u>+2.5 %</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2009-03
maintaining current multipliers.

FILED

JUL 01 2009

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Atlantic Specialty Insurance Company
Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective Upon Approval

5/24/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	235000	28.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

File to use NCCI loss costs effective 4/1/2009; Filing Circular IL-2009-01; Approval Circular IL-2009-03

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Benchmark Insurance Company

Name of Company



Official - Title

Vincent Ha

Consulting Actuary

FILED

MAY 26 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 7/1/2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>workers compensation</u>	2,225,336	1.8%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adoption of latest NCCI loss cost _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Brotherhood Mutual Insurance Company

Name of Company

Larry Jackson, AVP Research & Development

Official – Title

FILED

JUL 1 2009

 STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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JUL 01 2009

 STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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IDPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 7/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>634,925</u>	<u>6.6%</u>
16. Other		
Line of Insurance		

FILED

JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify NOBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt NCCI's7/1/09 Loss Costs (LAW only Filing)

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Companion Commercial
Name of CompanyDavid Ziegler - Actuarial
Official — Title

Assistant

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APR 27 2009

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 7/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u>2,319,026</u>	<u>7.1%</u>
16. Other		
Line of Insurance		

FILED

JUL 01 2009

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**Does filing only apply to certain territory (territories) or certain classes? If so, specify NOBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt NCCI's4/1/09 Loss costs. Law only Filing

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Companion P&L

Name of Company

David Ziegler - Actuarial Assistant

Official — Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

June 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	499,405 (CY2008)	2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 4/1/2009 loss costs *Law only Filing*

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Crum & Forster Indemnity Company
Name of Company

Regulatory Compliance Analyst
Official - Title

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JUN 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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JUN 10 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

July 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,791,000	3.7%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

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JUN 04 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Discover Property Casualty Company

Name of Company

Carol Letendre, Regulatory Manager

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 7/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$733,982	+2.5%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2009-03
maintaining current multipliers. We have
an exception Minimum Premium of \$500 for
code 9015.

FILED

JUL 01 2009

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Employers Fire Insurance Company
Name of Company

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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MAY - 4 2009

IDFPA (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

07/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$10,427,104	+2.9%

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JUL 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
This filing is to adopt the approved NCCI circular IL-2009-03.

Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Exchange

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

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MAY - 4 2009

**IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD**

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

07/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Marine		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,690,089	+3.5%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to adopt the approved NCCI circular IL-2009-03.

Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Flagship City

Name of Company

Ross C. Fonticella
Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

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MAY - 4 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

07/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,577,178	+4.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
This filing is to adopt the approved NCCI circular IL-2009-03.

LAW only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Company

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

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JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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MAY - 4 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

07/01/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop/Hall		
15. Other <u>Workers Compensation</u>	\$1,779,325	+4.1%
Line of Insurance		

FILED

JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

This filing is to adopt the approved NCCI circular IL-2009-03.

Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Company of New York

Name of Company

Ross C. Fonticella
Ross C. Fonticella, ACAS, MAAA
Vice President and Manager

Official - Title

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MAY - 4 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

07/01/09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$71,572	+2.2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):
This filing is to adopt the approved NCCI circular IL-2009-03.*LAW only Filing*

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Erie Insurance Property & Casualty

Name of Company

Ross Fonticella

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

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JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

July 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	597,000	-0.9%
16. Other		
Line of Insurance		

FILED
JUL 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Fidelity and Guaranty Insurance Company

Name of Company

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JUN 04 2009

Carol Letendre, Regulatory Manager

Official - Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

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ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

July 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	10,000	-6.6%
16. Other		
Line of Insurance		

FILED
JUL 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

Fidelity and Guaranty Insurance Underwriters

Name of Company

Carol Letendre, Regulatory Manager

Official - Title

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JUN 04 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FILED

FORM (RF-3)

AUG 01 2009

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
 effective August 1, 2009

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,213,158	+3.15%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Rate revision. We consider our rates to be independent, based upon both NCCI and our own experience.

LAW only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Hastings Mutual Insurance Company

Name of Company

Product Manager

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

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JUN 09 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision
effective July 1, 2009

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$14,500,000	+ 3.5%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,

specify:

Yes: 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8833, 8835, 8842,

8864, 8868, 9015, 9040

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):Adoption of 01/01/2009 NCCI Advisory Rates with the exception
of NHRMA Mutual class code 9929 rate of \$3.26. We will not be adopting the law only filing from NCCI effective
04/01/2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

NHRMA Mutual Insurance Company

Name of Company

Official - Title

Lloyd Wiesemann

Vice President, Insurance Services

FILED

JUL 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

June 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	5,187,625 (CY2008)	2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 4/1/2009 loss costs Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The North River Insurance Company

Name of Company

Regulatory Compliance Analyst

Official - Title

RECEIVED

JUN 10 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FILED

JUN 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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MAY 22 2009

IDFPR (MPO)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate
revision effective 7/1/09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<u>\$1,759,883</u>	<u>+2.5 %</u>

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: NoBrief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2009-03
maintaining current multipliers.**FILED**

JUL 01 2009

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISOneBeacon America Insurance Company
Name of Company*Cheryl R. Turner*Cheryl R. Turner, Assistant Vice President Workers
CompensationOfficial -Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 7/1/09

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$173,407</u>	<u>+2.5 %</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory
organization, specify organization): Adoption of the NCCI Loss Costs IL-2009-03
maintaining current multipliers.

FILED

JUL 01 2009

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

OneBeacon Insurance Company
Name of Company

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers
Compensation

Official -Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 15, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u>	<u>\$100,000 estimated</u>	<u>11.1 + 2.5 %</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Approval Circular IL-2009-03 – Law – Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules – Voluntary Advisory Rates and Advisory Loss Costs effective April 1, 2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Safety First Insurance Company
Name of Company

Marilyn Tinnell, CPCU - Compliance Manager
Official – Title

FILED
MAY 15 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

JUN 05 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 15, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Comp</u> <u>Line of Insurance</u>	<u>\$1,500,000 estimated</u>	<u>NA + 2.5%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Approval Circular IL-2009-03 – Law – Only Filing Reflecting the Implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules – Voluntary Advisory Rates and Advisory Loss Costs effective April 1, 2009.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Safety National Casualty Corporation
Name of Company

Marilyn Tinnell, CPCU - Compliance Manager
Official – Title

FILED

MAY 15 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

JUN 05 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

FILEDChange in Company's premium or rate level produced by rate revision
effective July 1, 2009.**JUL - 1 2009**

			STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS	
			Per	
(1)	(2)		Change (+or-)	**
Coverage	Annual Premium Volume (Illinois) *			
1. Automobile Liability Private Passenger				
Commercial				
2. Automobile Physical Damag Private Passenger				
Commercial				
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Other Workers Compensation	\$13,850,592		+2.5%	
Life of Insurance				

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: _____

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): _____

Adoption of NCCI rates from circular IL-2009-01 reflecting
implementation of new medical fee schedules.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Society Insurance, a mutual company

Name of Company

Chad Thurn - Staff Underwriting Manager

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 08/01/2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private		
Passenger	0	0
Commercial	0	0
2. Automobile Physical Damag		
Private Passenger	0	0
Commercial	0	0
3. Liability Other Than Auto	0	0
4. Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
8. Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0
15. Other Workers' Compensation	6,334,113	2.56
Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

We are adopting the NCCI 4/1/2009 (law only) rates with exception
for 8 classifications which we are filing final rates. The deviations used to obtain these rates are the same as
previously approved by your department.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Star Insurance Company

Name of Company

Compliance Analyst

AMANDA Webster

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2009

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$32,489,704	+2.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 4/1/2009 loss costs and miscellaneous rating values due to the implementation of the Hospital Outpatient and Ambulatory Surgical Treatment Center (ASTC) Fee Schedules..

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

State Farm Fire and Casualty Company

Name of Company

Gregory S. Girard, Actuary & Assistant Secretary Treasurer

Official - Title

FILED

SEP 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

July 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,695,000	6.9%
16. Other		
Line of Insurance		

FILED
JUL 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2009-01, with revised loss cost multipliers.

* Adjusted to reflect all prior rate changes

** Changes in Company's premium level which will result from application of new rates.

United States Fidelity and Guaranty Company

Name of Company

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JUN 04 2009

Carol Letendre, Regulatory Manager

Official - Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

June 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	5,459,274 (CY2008)	2.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
To adopt NCCI's 4/1/2009 loss costs Law only Filing

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

United States Fire Insurance Company

Name of Company

Regulatory Compliance Analyst
Official - Title

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JUN 10 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

FILED

JUN 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS